



STATE OF NEW YORK  
DEPARTMENT OF HEALTH  
P.O. Box 11729  
Albany, NY 12211

## Notice of Decision

Decision Date: August 12, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000001643

[REDACTED]

Dear [REDACTED],

On February 25, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's January 31, 2015 eligibility determination.

The enclosed Decision, rendered after that hearing, is issued by the Appeals Unit of NY State of Health.

If you have questions about your Decision, you can contact us by:

- Calling the Customer Service Center at 1-855-355-5777
- Sending Mail to:  
NY State of Health Appeals  
P.O. Box 11729  
Albany, NY 12211
- Sending a Fax to 1-855-900-5557

When contacting NY State of Health about your appeal and/or the Decision, please refer to the Appeal Identification Number at the top of this notice.

### Legal Authority

We are sending you this notice in accordance with federal regulation 45 CFR § 155.545(b).

If you need this information in a language other than English or you need assistance reading this notice, we can help you. Call 1-855-355-5777 (TTY - English: 1-800-662-1220) (TTY - Spanish: 1-877-662-4886).

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## Decision

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NY State of Health Number: [REDACTED]  
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## Issue

The issue presented for review by the Appeals Unit of NY State of Health is:

Did the Marketplace properly determine on that you continued to be eligible for Medicaid, under continuous coverage, effective January 1, 2015?

## Procedural History

On December 17, 2014, the Marketplace issued an eligibility determination notice that stated you were eligible for Medicaid effective December 1, 2014.

On December 31, 2014, the Marketplace issued an eligibility redetermination notice that stated you were no longer eligible for Medicaid but your Medicaid coverage would continue until November 30, 2015. The notice also requested that you submit proof of your income to the Marketplace by January 16, 2015.

On January 30, 2015, the Marketplace received your updated application for health insurance; specifically the income information was updated. That day, a preliminary eligibility determination was rendered that stated you were eligible for Medicaid.

Also on January 30, 2015, you called the Marketplace's Account Review Unit and appealed that preliminary eligibility determination.

On January 31, 2015 the Marketplace issued an eligibility determination notice that stated you were no longer eligible for Medicaid but that your Medicaid coverage would continue until November 30, 2015. This is because certain

individuals who have been determined eligible for Medicaid remain eligible for benefits for 12 continuous months.

On February 25, 2015, you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. The record was developed during the hearing and closed at the end of the hearing.

## **Findings of Fact**

A review of the record supports the following findings of fact:

1. You testified that you plan on filing your 2015 taxes with a tax filing status of single and will claim no dependents.
2. At the time of the December 17, 2014 and the December 31, 2014 eligibility determinations, your application listed an annual household income of \$10,530.00.
3. You testified that at the time of your December application, the only income you were receiving was from unemployment and that is the income that was used in determining your household income in those eligibility determinations. You faxed a copy of you unemployment insurance monetary benefit determination that states your claim effective date is June 9, 2014 and that your weekly benefit rate is \$405.00.
4. At the time of the January 31, 2015 eligibility determination, your application listed an expected household income of \$24,000.00. You testified that this amount is based on the amount of income you will receive from your annuity plan in 2015.
5. You testified that beginning March 2015 you will begin receiving a monthly income from your annuity plan. You will receive between \$2,000.00 and \$2,400.00 per month.
6. You testified that in December when you updated your Marketplace application, you did not know that you could draw income from your annuity plan when you turned 59 ½.
7. You testified that you do not want Medicaid and would like to enroll in your previous insurance plan.

Conflicting evidence, if any, was considered and found to be less credible than the evidence noted above.

## **Applicable Law and Regulations**

### Medicaid for Adults between the Ages of 19 and 65

Medicaid through the Marketplace can be provided to adults who: (1) are age 19 or older and under age 65; (2) are not pregnant; (3) are not entitled to or enrolled for Medicare benefits under part A or B of title XVIII of the Act; (4) are not otherwise eligible for and enrolled for mandatory coverage under a State's Medicaid State plan in accordance with subpart B of this part; and (5) have a household modified adjusted gross income that is at or below 138% of the federal poverty level for the applicable family size (42 CFR § 435.119(b), 42 CFR § 435.911(b)(1), 42 CFR § 435.603(d)(4)), N.Y. Soc. Serv. Law § 366(1)(b)).

Most adults determined eligible for Medicaid are guaranteed 12 months of Medicaid coverage even if they lose Medicaid eligibility because of any changes or updates they make to their Marketplace account. For example, even if income increases above the Medicaid limit allowed for the household size, the insured will remain covered under Medicaid for a 12-month period. This 12-month period is referred to as “continuous coverage” and is set based on the start date of the original Medicaid eligibility determination or the date of a subsequent Medicaid eligibility determination based on modified adjusted gross income (N.Y. Soc. Serv. Law § 366(4)(c)).

People who receive or are eligible for Medicaid are not eligible for an advance premium tax credit (APTC) since they have, or will soon have, active coverage in the system. They will be enrolled or remain in their Medicaid plan with limited exceptions, including entering prison or another facility that provides medical care, moving out of state, failing to provide a valid social security number, or having third party health insurance (N.Y. Soc. Serv. Law § 366(4)(c)).

In an analysis of Medicaid eligibility, the determination is based on the FPL “for the applicable budget period used to determine an individual's eligibility” (42 CFR § 435.4). On the date of your application that was the 2014 FPL, which is \$11,670.00 for a one-person household (79 Fed. Reg. 3593, 3593).

## **Legal Analysis**

The issue is whether the Marketplace correctly found you eligible for Medicaid as of December 17, 2014.

According to the record, you expect to file your federal income tax return as single and claim no dependents on that tax return. Therefore, you are in a one-person household.

On December 16, 2014, the income information in your Marketplace account was modified to \$10,530.00.

You testified that at the time of your December application, the only income you were receiving was from unemployment. You faxed a copy of your unemployment insurance monetary benefit determination that states your weekly benefit rate is \$405.00. An annual household income of \$10,530.00 would be consistent with a person receiving \$405.00 for 26 weeks, which is the maximum amount of weeks a person can receive unemployment for. At the time of the application, this is the only income you were receiving and you testified that you did not know that your income would be increasing at any point in 2015.

You would qualify for Medicaid if you met the nonfinancial criteria and had a household income no higher than 138% of the federal poverty level (FPL) for a one-person household. Since the 2014 FPL for a one-person household is \$11,670.00, you would be eligible for Medicaid at an annual income of up to \$16,105.00. Therefore, the Marketplace correctly determined that, with a household income of \$10,530.00, you were eligible for Medicaid.

You testified that at the time of your December application, you were not aware that you could receive income from your annuity plan. You updated your application on January 30, 2015 to include the income you will be receiving from your annuity plan beginning in March 2015.

Under New York State law, once a person is eligible for Medicaid, that eligibility continues for 12 months, even if the household income rises above 138% of the FPL. This provision is called “continuous coverage.”

Therefore, all credible evidence of the record confirms that you were eligible for Medicaid when you updated your income information on December 16, 2014 and even though your income increased when you modified your application on January 30, 2015, you remain enrolled in Medicaid.

## **Decision**

The December 17, 2014 determination is AFFIRMED.

The January 31, 2015 eligibility determination is AFFIRMED.

**Effective Date of this Decision:** August 12, 2015

## **How this Decision Affects Your Eligibility**

You remain eligible for Medicaid until November 30, 2015.

## **If You Disagree with this Decision (Appeal Rights)**

This Decision is final unless you submit an appeal request to U.S. Department of Health and Human Services or bring a lawsuit under New York Civil Practice Law and Rules, Article 78.

You may bring a lawsuit on any Appeals Unit decision in New York State court in accordance with Article 78 of the New York Civil Practice Law and Rules. This must be done within four months after the date of the Decision Date, which appears on the first page of this Decision.

Additionally, Appeals Unit decisions on issues involving eligibility for qualified health plans, advance premium tax credits, and cost-sharing reductions may be appealed to the U.S. Department of Health and Human Services. This must be done within 30 days of the date of the Decision Date, which appears on the first page of this Decision (45 CFR § 155.520(c)).

If you wish to be represented by an attorney in bringing an outside appeal and do not know how to go about getting one, you may contact legal resources available to you. You may, for example, contact the local County Bar Association, Legal Aid, or Legal Services.

## **If You Have Questions about this Decision (Customer Service Resources):**

You can contact us in any of the following ways:

- By calling the Customer Service Center at 1-855-355-5777
- By mail at:  
NY State of Health Appeals  
P.O. Box 11729  
Albany, NY 12211
- By fax: 1-855-900-5557

## **Summary**

The December 17, 2014 determination is AFFIRMED.

The January 31, 2015 eligibility determination is AFFIRMED.

You remain eligible for Medicaid until November 30, 2015.

## **Legal Authority**

We are sending you this notice in accordance with federal regulation 45 CFR § 155.545(a).



**A Copy of this Decision Has Been Provided To:**

